

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

June 28, 2022

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CASEY ANGRES
MANAGER OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 2900 – FEDERALLY QUALIFIED HEALTH CENTERS
(FQHCs)

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 2900 – Federally Qualified Health Centers (FQHCs) are being proposed. As a result of the passage of Assembly Bill 190 and Senate Bill 325 during the 81st (2021) Legislative Session, Licensed Pharmacist is being proposed as a new provider type (PT) under the encounter whose services include dispensing of self-administered hormonal contraceptives to any patient, and the prescribing, dispensing, and administration of drugs to prevent the acquisition of human immunodeficiency virus (HIV), as well, as perform certain HIV laboratory tests.

Allow Licensed Marriage and Family Therapists (LMFT) services as part of the behavioral health encounter rate.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: The proposed change affects all Medicaid-enrolled providers delivering FQHC encounter type of services. Those PTs include but are not limited to: FQHCs (PT 17, specialty 181), Licensed Pharmacist (PT 91) and Licensed Marriage and Family Therapist (PT 14, specialty 306).

Financial Impact on Local Government:

Licensed Pharmacist: There is no anticipated fiscal impact known at this time.

LMFT: An estimated increase in annual aggregate expenditures for LMFT services:

SFY 2022: \$93,433
SFY 2023: \$852,960

These changes are effective July 1, 2022, pending Centers for Medicare and Medicaid Services (CMS) approval.

MATERIAL TRANSMITTED

MTL OL
MSM 2900 – Federally Qualified Health Centers

MATERIAL SUPERSEDED

MTL 01/22; 07/22; 11/21
MSM 2900 – Federally Qualified Health Centers

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2901(B)	Authority	Added “NRS Chapter 639 – Pharmacists and Pharmacy” and “NRS 641A – Marriage and Family Therapist and Clinical Professional Counselors.”
2903(D)(1)	Policy	Added “Licensed Marriage and Family Therapist (LMFT)” and “Licensed Pharmacist.”
2903.1(A)(1)	Coverage and Limitations	Added “Licensed Pharmacist.”
2903.1(B)(1)	Coverage and Limitations	Added “LMFT.”

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2901
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

2901 AUTHORITY

- A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and Sections 1861, 1929(a), 1902(e), 1905(a), 1905(p), 1915, 1920 and 1925 of the Social Security Act (SSA) and Section 4161 of the Omnibus Budget Reconciliation Act of 1990. Physician’s services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.
- B. The Nevada State Legislature sets forth scopes of practice for licensed professionals in the NRS for the following Specialists:
1. NRS Chapter 449 – Medical Facilities and Other Related Entities;
 2. NRS Chapter 630 – Physicians, Physician Assistants, Medical Assistants, Perfusionists and Practitioners of Respiratory Care;
 3. NRS Chapter 631 – Dentistry, Dental Hygiene and Dental Therapy;
 4. NRS Chapter 632 – Nursing;
 5. NRS Chapter 633 – Osteopathic Medicine;
 6. NRS Chapter 635 –Podiatric Physicians and Podiatry Hygienists;
 7. NRS Chapter 636 – Optometry;
 8. NRS Chapter 637 – Dispensing Opticians;
 9. **NRS Chapter 639 – Pharmacists and Pharmacy;**
 - 9.10. NRS Chapter 640E –Dietitians;
 - 9.11. NRS Chapter 641 – Psychologists;
 12. **NRS Chapter 641A- Marriage and Family Therapist and Clinical Professional Counselors;**
 - ~~11~~13. NRS Chapter 641B – Social Workers;
 - ~~12~~14. NRS Chapter 652 – Medical Laboratories.

	MTL 01/22
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2903
MEDICAID SERVICES MANUAL	Subject: POLICY

2903 POLICY

- A. The Division of Health Care Financing and Policy (DHCFP) reimburses FQHCs an outpatient encounter rate. DHCFP reimburses for medically necessary services provided at FQHCs.
- B. Encounters must include preventive and/or primary health services and are categorized as:
1. Medical;
 2. Mental/Behavioral Health; or
 3. Dental.
- C. FQHCs that have more than one Service Specific Prospective Payment Systems (SSPPS) rate established may bill for each reimbursable service type once per patient/per day.
1. An FQHC that has one established SSPPS encounter rate, only one reimbursable encounter may be billed per day.
 2. An FQHC that has two established SSPPS encounter rates, the FQHC may bill up to two reimbursable encounters per patient per day.
 3. An FQHC that has three established SSPPS encounter rates, the FQHC may bill up to three reimbursable encounters per patient per day.
 4. For information about Rate Development, Prospective Payment Systems, SSPPS, Change in Scope of Services, and Supplemental Payments, please refer to the Nevada Medicaid State Plan, Attachment 4.19B.
- D. For the purposes of reimbursement, an encounter is defined as:
- A face-to-face “visit” or an “encounter” between a patient and one or more approved licensed Qualified Health Professional and/or certified provider that takes place on the same day with the same patient for the same service type; this includes multiple contacts with the same provider.
1. Licensed Qualified Health Professionals approved to furnish services included in the outpatient encounter are:
 - a. Physician or Osteopath;
 - b. Dentist;

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- c. Advanced Practice Registered Nurse (APRN);
- d. Physician Assistant (PA);
- e. Certified Registered Nurse Anesthetist (CRNA);
- f. Nurse Midwife (NM);
- g. Psychologist;
- h. Licensed Clinical Social Worker (LCSW);
- i. Registered Dental Hygienist (RDH);
- j. Podiatrist;
- k. Radiology;
- l. Optometrist;
- m. Optician;
- n. Registered Dietitian (RD);
- o. Clinical Laboratory Services;
- p. Licensed Pharmacist; and
- q. Licensed Marriage and Family Therapist.

- 2. Certified providers approved to furnish services included in the outpatient encounter are:
 - a. Community Health Workers (CHW).
 - b. Doulas.

2903.1 COVERAGE AND LIMITATIONS

A. Medical Encounter(s):

- 1. May be provided by an employed or contracted Physician or Osteopath, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), Nurse Midwife (NM), Certified Registered Nurse Anesthetist (CRNA), Podiatrist, Optometrist, Optician, Licensed Pharmacist, Community Health Worker (CHW), Doulas, or

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Registered Dietitian (RD) under the FQHCs HRSA approved scope of services and the practitioners applicable state regulatory board's scope of practice. Encounters are to be billed as applicable with the FQHC encounter reimbursement methodology.

2. Services may include:

- a. Primary care services medical history, physical examination, assessment of health status, treatment of a variety of conditions amendable to medical management on an ambulatory basis by an approved provider and related supplies;
 1. Vital signs including temperature, blood pressure, pulse, oximetry and respiration;
 2. Integral laboratory and radiology services conducted during the visits are included in the encounter as they are built into the established encounter rate and are not to be billed separately.
- b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening policy and periodicity recommendations; Refer to Medicaid Services Manual (MSM) Chapter 1500 – Healthy Kids.
- c. Preventive health services recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF) and education Refer to MSM Chapter 600 – Physicians Services;
- d. Home visits;
- e. Family planning services including contraceptives;

Up to two times a calendar year, the FQHC may bill for additional reimbursement for family planning education on the same date of service as the encounter. Refer to Billing Guide, Provider Type 17, Specialty 181 for more information.
- f. For women: annual preventive gynecological examination, clinical breast examination, thyroid function test, and maternity care services which includes antepartum, labor and delivery, and postpartum care services;
- g. Vision and hearing screening;
- h. CHW services as defined in MSM Chapter 600 – Physician Services.
- i. Doula services as defined in MSM Chapter 600 – Physician Services.

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B. Behavioral/Mental Health Encounter(s):

1. May be provided by employed or contracted Psychiatrist, Psychologist, APRN, PA, **LMFT**, or LCSW who is authorized to provide mental/behavioral health services by the FQHC under the FQHC’s HRSA approved scope of services and the practitioner’s applicable state regulatory board’s scope of practice.
2. Conditions may include behavioral/mental health, and/or substance use disorders including co-occurring disorders. Services may include:
 - a. Screening, assessments, diagnosis, and/or treatment.
 - b. Treatments may include clinically appropriate evidence-based practices such as therapy, counseling, and medication management.
 - c. Refer to MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services.

C. Dental Encounter(s):

1. Dental encounters are provided by employed or contracted Dentists or RDHs, under FQHCs HRSA approved scope of practices and the practitioner’s applicable regulatory boards of practice. Encounters are to be billed as applicable with the FQHC encounter reimbursement methodology.
2. An FQHC may bill a dental encounter for each face-to-face encounter for dental services.
3. Dentures provided by an FQHC are included in the daily encounter rate unlike the denture policy established in MSM Chapter 1000 – Dental.
 - a. Medicaid will pay for a maximum of one emergency denture reline and/or a maximum of six adjustments (dental encounters) done not more often than every six months, beginning six months after the date of partial/denture purchase. A prior authorization is not required for relines.
 - b. Full denture/partial relines and adjustments required within the first six months are considered prepaid with the Medicaid’s dental encounter payment for the prosthetic.
4. The FQHCs in-office records must substantially document the medical need.
5. Refer to MSM Chapter 1000 for all other covered and non-covered dental services.

D. Telehealth